


D.I. # _____

CIVIL ACTION**NUMBER:** 05 CV 812U.S. POSTAL SERVICE
CERTIFIED MAIL RECEIPT(S)

7005 1820 0004 3169 5780

U.S. Postal Service TM	
CERTIFIED MAILTM RECEIPT	
(Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our website at www.usps.com	
OFFICIAL USE	
Postage	\$ 1.39
Certified Fee	2.40
Return Receipt Fee (Endorsement Required)	1.85
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 4.64



Sent To	
Correctional Medical Services	
Street, Apt. No., or PO Box No. 12647 Olive Boulevard	
City, State, ZIP+4 St. Louis, MO 63141	

PS Form 3800, June 2002 See Reverse for Instructions